

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
09-02-A

2. STATE  
Virgin Islands

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY  
ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
April 1, 2009

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION  
1902(a)(69) of the Act

7. FEDERAL BUDGET IMPACT  
a. FFY 2009 \$1,250,000  
b. FFY 2010 \$2,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

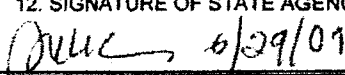

4.15  
Attachment 3.1-A page 7  
Attachment 3.1-A page 10  
Attachment 3.1-A page 10A  
Attachment 3.1-A page 12  
Attachment 3.1-B page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (*If Applicable*)

4.15  
Attachment 3.1-A page 7  
Attachment 3.1-A page 10  
Attachment 3.1-A page 10A  
Attachment 3.1-A page 12  
Attachment 3.1-B page 6

10. SUBJECT OF AMENDMENT

Establish coverage for inpatient psychiatric services for children under age 21.

11. GOVERNOR'S REVIEW (Check One)  GOVERNORS OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		X OTHER, AS SPECIFIED	
12. SIGNATURE OF STATE AGENCY OFFICIAL  6/29/09		16. RETURN TO: Julia Sheen DOH, BHIMA 3500 Richmond Charles Harwood Complex Christiansted, USVI 00820	
13. TYPED NAME Julia Sheen			
14. TITLE Acting Commissioner, Department of Health			
15. DATE SUBMITTED 06/29/2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED <b>FEB 12 2010</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MAT <b>APR 01 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Michael Melendez		22. TITLE Acting Associate Regional Administrator Division of Medicaid and State Operations	
22. REMARKS  Originally submitted SPA was divided into 5 SPAs. Revisions submitted on December 15, 2009 as part of RAI response.			